

COMMONWEALTH OF KENTUCKY
TREY GRAYSON
SECRETARY OF STATE



CERTIFICATE OF WITHDRAWAL OF ASSUMED NAME

This certifies that the assumed name of

_____ [Assumed name under which the business is being conducted]

has been discontinued by

_____ [Real name - KRS 365.015(1)]

which is the "real name" of [YOU MUST CHECK ONE]

- | | |
|---|--|
| _____ a Domestic General Partnership | _____ a Foreign General Partnership |
| _____ a Domestic Registered Limited Liability Partnership | _____ a Foreign Registered Limited Liability Partnership |
| _____ a Domestic Limited Partnership | _____ a Foreign Limited Partnership |
| _____ a Domestic Business Trust | _____ a Foreign Business Trust |
| _____ a Domestic Corporation | _____ a Foreign Corporation |
| _____ a Domestic Limited Liability Company | _____ a Foreign Limited Liability Company |
| _____ a Joint Venture | |

organized and existing in the state or country of _____, and whose address is

_____ Street address, if any

_____ City

_____ State

_____ Zip Code

The certificate of assumed name was filed with the Secretary of State on _____.

The certificate of withdrawal of assumed name is executed by

_____ Signature

_____ Signature

_____ Print or type name and title

_____ Print or type name and title

_____ Date

_____ Date

Certificate of Withdrawal of Assumed Name Filing Instructions

ASSUMED BUSINESS NAME AND DATE OF FILING

The certificate must state the assumed name as filed with the Secretary of State.

Give the date the certificate of assumed name was filed with the Secretary of State.

NOTE: A separate certificate must be filed for each assumed name that is being withdrawn by the business entity.

WHO MAY SIGN

The Certificate of Withdrawal of Assumed Name must be signed by:

- (1) at least one partner authorized to do so by the partners of a Domestic or Foreign General Partnership (also includes a Joint Venture);
- (2) at least one partner authorized to do so by the partners of a Domestic or Foreign Registered Limited Liability Partnership;
- (3) a general partner of a Domestic or Foreign Limited Partnership;
- (4) the trustees of a Domestic or Foreign Business Trust;
- (5) any person authorized to act for the Domestic or Foreign Corporation.
- (6) a member or manager authorized to act for the Domestic or Foreign Limited Liability Company.

NUMBER OF COPIES

Submit the original signed Certificate and at least one exact or conformed copy (may be a photocopy). All file-stamped copies will be returned to you as evidence of filing. One file-stamped copy must then be filed with the county clerk of the county where the entity is deemed a resident for the purposes of and under the provisions of KRS Chapter 355.

FILING FEE AND MAILING ADDRESS

The filing fee is \$20.00.

Your check should be made payable to the "Kentucky State Treasurer"

MAILING ADDRESS

Trey Grayson
Secretary of State
P O Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154 Capitol Building
700 Capital Avenue
Frankfort, KY 40601

WEB SITE ADDRESS

Our home page address is: [//www.sos.state.ky.us](http://www.sos.state.ky.us)

Click on "On Line Business Database" for information on status of all business entities in Kentucky. Forms are also available on our web site.

For further information, please call (502) 564-2848, press 2, and then press 5 or try our web site.